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1	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
2	X	
3	JEREMY HOCKENSTEIN,	
4	Plaintiffs,	
5	V.	22 Civ. 4046 (ER)
6	CIGNA HEALTH and LIFE INSURANCE COMPANY,	
7	Defendants.	Teleconference
9	x	New York, N.Y.
10		October 21, 2022 10:00 a.m.
11	Before:	
12	HON. EDGARDO RAMOS,	
13		District Judge
14	APPEARAN	CES
15 16	POSNER LAW, PLLC Attorneys for Plaintiffs BY: GABRIEL POSNER	
17 18	MCDERMOTT WILL & EMERY Attorneys for Defendants BY: DMITRIY TISHYEVICH	
19	RICHARD DIGGS	
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(Case called; appearances noted)

THE COURT: Good morning to you all. This matter is on for a premotion conference. I note for the record it is being conducted by telephone. I know that we are here at the request of defendant, but I believe this is the first time that the parties have appeared before me in this matter.

So, Mr. Posner, let me begin with you. Tell me what this case is about.

MR. POSNER: Thank you, your Honor.

In this case plaintiff brings claims for himself and on behalf of putative class members alleging that defendant violated ERISA, the Employee Retirement Income Security Act 1974. More specifically, plaintiff obtained Covid tests from a healthcare provider and submitted a claim for reimbursement to Cigna, and Cigna denied full reimbursement of those Covid tests allegedly in violation of federal statutes and the terms of plaintiff's ERISA governed healthcare benefits plan.

In particular, plaintiff alleges that Cigna should determine the claims are reimbursed. Cigna should provide a disclosure that is reasonably comprehensible of its claims determination. And when plaintiff submitted an internal appeal to Cigna, Cigna adhered to its claims denial, and thereto plaintiff alleges Cigna should provide a full and fair review as required by ERISA and ERISA plan documents at issue.

THE COURT: Mr. Tishyevich.

MR. TISHYEVICH: Good morning, your Honor. I'm not planning on speaking too long, but if it's okay with you I'll just give you a high-level overview of what our proposed motion to dismiss would look at and to talk about how that would effect the scope of the case giving that we're not proposing to dismiss the ERISA benefits claim.

THE COURT: Okay.

MR. TISHYEVICH: Mr. Hockenstein alleges high-level that Cigna did not properly reimburse him and his dependents for Covid tests that they received, and so he brought a number of claims under ERISA on behalf of himself and also on behalf of several of the proposed classes.

A few weeks ago Cigna filed a letter to request this conference and plaintiff filed his response. And after reading those letters, it became apparent to me that the parties were apparently talking pass each other at least to some extent. As Mr. Posner mentioned, there's a claim alleging a breach of a full and fair review. And Cigna proposed moving to dismiss that claim, and also the claim for failure to provide adequate notice of an adverse claim determination; because those obligations comes from ERISA Section 503. But Section 503 only applies to plans, and Cigna itself is not the plan.

So in our response, plaintiffs clarified that they are not bringing these claims under Section 503 directly, and instead they're bringing them through Section 502(a)(3). But

even with that clarification, Cigna's view is those claims should still be dismissed. And here's why. The Supreme Court has been very clear that Section 502(a)(3) acts as safety net to provide equitable relief for ERISA injuries when there's no other adequate remedy. That's what the Supreme Court said in 1996 in Varity Corporation v. Howe, 516 U.S. 489.

It said, "Where Congress also provided adequate relief for a beneficiary's injury, there will likely be no need for further equitable relief, in which case such relief normally would not be appropriate." And that's from page 515 of the decision. In that case, for example, the Supreme Court found that equitable relief was appropriate because the plan at issue no longer existed. And so plaintiffs could not have brought an ERISA benefits claim, and they could only obtain a relief through a Sections 502(a)(3) claim, but that's not the case here.

The Second Circuit has also made it clear that after Varity, Section 502(a)(3) claims are not appropriate when there's another avenue for relief, and that was in a case called Frommert v. Conkright, 433 F.3d 254 from 2006.

So in that case the Second Circuit said, citing *Varity* that the Supreme Court has "consistently disfavored the expansion of the availability of equitable relief where remedies of law are sufficient." So that's from page 270.

Your Honor, these cases stand for a simple

proposition. If a plaintiff is able to obtain relief for an alleged ERISA injury through some provision of ERISA outside of Section 502(a)(3), it is not appropriate to provide that relief through Section 502(a)(3). But that's exactly what Mr. Hockenstein is trying to do here.

He argues that Cigna violated Section 502(a)(3) by failing to provide full and fair review of his claims and to provide him with adequate notice of his benefit denials as required by Section 503. But, he already has a perfectly adequate avenue to challenge dishonest conduct, which does not require relying on Section 502(a)(3). And that's to bring a Section 503 claim for lack of full and fair review or for lack of adequate notice directly against his plan.

So given that Mr. Hockenstein already has other avenues to pursue these claims, it's not appropriate for him to pursue them under Section 502(a)(3). That's one problem with these claims. Separately, there's another problem for these Section 502(a)(3) claims. They very clearly seek money damages, which is not a relief that's available under Section 502(a)(3).

Again, the Supreme Court has made this very clear in a case from 2002 called *Great-West Life & Annuity Insurance Co.*v. Knudson, 534 U.S. 204. So here's what the Supreme Court said in how you distinguish between equitable relief, which is addressable under 502(a)(3), versus legal relief, which is not.

The Supreme Court said "A claim for money due and owing under a contract is quintessentially an action at law."

And then it says, "Almost invariably, suit seeking, whether by judgment, injunction or declaration to compel the defendant to pay a sum of money to the plaintiff are suits for money damages, as that phrase has traditionally been applied, since they seek no more than compensation for loss resulting from the defendant's breach of legal duty, and money damages are, of course, the classic form of legal relief." That's from page 210 of the decision. And here, your Honor, the complaint makes it very clear that money damages, meaning legal relief, is exactly what Mr. Hockenstein is trying to recover through his Section 502(a)(3) claims.

I'll give your Honor just one example, which is Count One on page 17 of the first amended complaint. Count One is literally titled "Reimbursement for Covid tests." That is money damages. No question about it. And paragraph 73, one of the first paragraphs in this Count One again make this very clear. It says, "Plaintiff and each member of the reimbursement classes is entitled to full reimbursement for the cost of diagnostic COVID-19 test."

So plainly what Mr. Hockenstein is seeking is to be paid more for his Covid tests, but that kind of reimburse is the not equitable relief at Section 502(a)(3) allows. That is just straight money damages. And we cited a number of cases on

page three of our letter where courts dismissed Section 502(a)(3) claims because those claims are effectively seeking money damages, because those claims are legal and not equitable.

And one last point, your Honor. As we said in the letter, Cigna is not moving to dismiss the ERISA benefits claim. And you may be wondering, Why bother moving to dismiss the Section 502(a)(3) claims since some portion of this case is going to go forward anyway. But I do think that the outcome of this motion is going to potentially having a meaningful impact on the case. Because if Cigna prevails on this motion, then all that's left is the ERISA benefits claim.

And if we're just dealing with this case as a pure ERISA benefits denial, that is going to significantly effect the scope of discovery, because discovery will then very likely be limited to just the administrative record. And Mr. Posner and I already had a preliminary discussion about discovery impact. He had the view that it makes sense to stay discovery pending the outcome of Cigna's motion, and I fully agree, of course assuming that's acceptable to your Honor.

Because the alternative would be to start discovery on the ERISA benefits claim while the other claims are up in the air given the motion to dismiss, which just does not seem parity efficient. With that, I just want to thank you for your time. I'm happy to address any questions you may have.

Otherwise I'll turn it over to Mr. Posner to respond.

THE COURT: Mr. Posner, I'll give you an opportunity to respond briefly.

MR. POSNER: I follow everything Mr. Tishyevich is saying and the leading cases that he cited to, *Varity Corp.*, and *Great-West Life* and so on. Based on Mr. Tishyevich is saying, plaintiff were to pose the motion, it's a bit of a pivot for Cigna. This is not really what they focused on in their premotion letter.

But if their briefing were to lay out the arguments Mr. Tishyevich just made, plaintiff would oppose the motion to broadly — if I understand the argument as it's now presented, plaintiff's ERISA 502(a)(3) claims are duplicative of the 502 a)(1)(B) claims. And that argument, as I read the cases, should not be accepted by the Court on a motion to dismiss.

The Second Circuit has held quite explicitly that a plaintiff can allege at the motion to dismiss phase, which is where we are, a plaintiff can allege both claims under Section 502(a)(3) and 502(a)(1)(B). There's a potential reason why we need both. If Cigna's conceding liability for a nationwide class under Section 502(a)(1)(B), sure. We don't need duplicative recovery, but they're not doing that. But to dismiss the 502(a)(3) claims now and then go talk about whether or not there's liability under 502(a)(1)(B), the alternative provision, I don't understand that approach. Cause if

plaintiff losses on 502(a)(1)(B), we may very well have needed the 502(a)(3) claim.

THE COURT: Mr. Posner, what about Mr. Tishyevich's argument that 502(a)(3) does not allow for the recovery of equitable damages?

MR. POSNER: It happens to be the same Second Circuit decision, New York State Psychiatric Association, which I think we all agree is the current leading Second Circuit case. Cigna also cites to that case in their letter, and I cite to it quite a bit. There too I quote on page three of my letter, there's a block quote from that decision that says, A court order compelling a defendant to pay cash that derives from a breach of a fiduciary duty is an equitable remedy, and that's a surcharge or there's other — we can get into that in the briefing what the traditional rules of equity say about that.

But the key words in the quote Mr. Tishyevich quoted from Great-West Life was that, Money payment resulting from the breach of a legal duty. And the question here is, Was there a breach of damages at a law. Was it a legal duty or was it an equitable duty that Cigna had. And there could be very important reasons why we need that equitable claim. It's not clear to me that there's a provision in the plan as it currently exists that would require Cigna to compensate Covid tests in full. That's in a federal statute, not in ERISA itself. It's in a parallel federal statute.

So the idea that Cigna violated another law, the CARES Act, that could be where the equitable remedy, the equitable duty and remedy comes in. And to say under 502 -- all they claim is under 502(a)(1)(B), Did Cigna violate terms of the plan. Cigna is going to whip out the plan and say, Where does it say anything in here about Covid plans. It doesn't, so we didn't violate the plan.

I don't think that would be very -- they're dodging their duty as a fiduciary. They must comply with the law. Not just with ERISA, but with the law generally. They can't violate laws and how they handle the plan. In terms of answering your Honor's question point blank. My response to Mr. Tishyevich's point about whether or not we're seeking money. The answer to that appears on page three of my premotion letter. The Second Circuit has said requesting money that arises out of a breach of fiduciary duty, which is what we allege here, can be equitable remedy recoverable under Section 502(a)(3).

THE COURT: Okay. Onward we go. Mr. Tishyevich, you will be permitted to make your motion. It will be done on the following schedule. Your motion will be due on, I'd say three weeks, but November 11 is Veteran's Day, so Monday November 14th. Mr. Posner your response will be due three weeks later, December 5. And Mr. Tishyevich, your response or your reply will be due one week later on December 12. So you have the schedule.

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Mr. Posner, is there anything else we should do today?

MR. POSNER: Your Honor, Mr. Tishyevich just mentioned

that we are — the parties are in agreement that we should stay

discovery on the rest of the case, and that's fine with me, as

long as it's clear to everyone, nobody's waiving any rights

with respect to that. After the motion, we'll see where things

stand, and then we'll take up what we need to do in terms of

discovery.

THE COURT: I take it you have no objection to that,

Mr. Tishyevich. And it seems fair to me that no one is waiving
any rights by implementing a stay of discovery pending the
resolution of your motion?

MR. TISHYEVICH: No objections.

THE COURT: Very well. Anything more from you, Mr. Tishyevich?

MR. TISHYEVICH: Nothing from me.

THE COURT: Okay. In that event, we're adjourned. Everyone please stay well.

(Adjourned)